Title: Developing Strategies for Reaching the Hardest to Reach Women among the City**M**at**CH** Perinatal HIV Urban Learning Cluster

Organization: City**M**at**CH**, Omaha, NE

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Topical Issues of Focus: Using CDC funding to build on existing HIV programs; Successful collaborations between programs to prevent perinatal HIV

Background/Objectives

Despite the effectiveness of perinatal HIV prevention strategies, cases of HIV transmission from mother to child continue to occur—particularly among women who do not access/receive prenatal care services. The CDC estimates that 280-370 infants are born with HIV infection each year in the United States. This reality raises an important question: Who is being left behind?

This promising practice describes the process facilitated by City**M**at**CH** to foster understanding and action planning among eight urban cities for reaching the hardest to reach women.

Methods

- In September 2000, City**M**at**CH** and the CDC entered into a cooperative agreement, "Preventing Perinatal Transmission of HIV in US Cities." As part of this initiative, City**M**at**CH** launched the Perinatal HIV Urban Learning Cluster (ULC)—a three-year, learning collaborative to better understand and prevent mother to child transmission of HIV among urban areas identified by the CDC as "highly affected" by perinatal HIV transmission. Participating cities gained valuable collaborative relationships that facilitated peer exchange within city teams, across city teams and through the aggregate experience of the ULC as a whole.

- In May of 2002, the ULC met in San Diego, California, concentrating significant emphasis on reaching the hardest to reach women. Eight ULC cities (Atlanta, GA; Hartford, CT; Jacksonville, FL; Los Angeles, CA; Norfolk, VA; Philadelphia, PA; San Diego, CA; and, Washington, D.C.) worked through a CityMatCH-developed instrument entitled MAPS 6: Reaching "Hardest to Reach" Women—one in a series of instruments known as, "Mapping AIDS Prevention Strategies." Participants met together in their city teams, comprised of at least three individuals, including local public health leaders for Maternal and Child Health and perinatal HIV prevention, to complete MAPS 6, which was comprised of four distinct phases.

- In the first phase of MAPS 6, various known hard to reach women populations (e.g. homeless, refugees, adolescent, incarcerated, etc.) were provided and teams were

asked to identify the women who were still out of their reach for perinatal HIV prevention. Teams were also asked to indicate if there were data to support their perception of these existing hardest to reach populations. Teams then selected three hardest to reach populations for more intense focus.

- In the second phase of MAPS 6, ULC teams were asked to identify individual, system and societal barriers that prevent these women from accessing the care they need. Again, teams were asked if their perception of these existing barriers was supported by available local or national data.

- Phase three of MAPS 6, asked ULC teams to indicate their leading barrier busting activities (assets) as well as the barriers not currently being addressed in their city (Gaps). Teams were then given an opportunity to engage in cross-city conversations to identify strategies employed in other cities to overcome barriers.

- In the final phase of this exercise, each city team identified three new opportunities they would explore in the next six months. Teams were given criteria to consider for this selection (i.e. data supported choices, measurable differences possible in 1-2 years, issues and solutions generally understandable/readily communicated to key stakeholders.

Results

An array of characteristics for hardest to reach women was realized by ULC participants. These characteristics are presented in Table 1.

Table 1. Characteristics of the Hardest to Reach Women in Urban U.S. Communities, as Developed by the Urban Learning Cluster through MAPS 6

Mental health issues	Homeless
Partners who are IV drug users	Low education levels
Drug addictions	Immigrant/Refugee
Pregnant with late or no prenatal care	Adolescent
In prison or recently released	Prostitute
Domestic violence	Gay, Lesbian, Bisexual, Transgender
Unemployed	Poor
Past problems with child protection	Not receiving good counseling
Non-English speaking	Scared to reveal positive status
Lack of health care insurance	Hard to track

- Addressed barriers (Assets) and unaddressed barriers (Gaps) were identified by ULC teams in the third phase of the MAPS 6 exercise. Some of the “Assets” identified included on-going provider training, statewide social marketing campaigns, major substance abuse agencies providing HIV testing, comprehensive systems of support available, programs and outreach efforts from

faith-based organizations and, more broadly, existing local collaboratives and initiatives. Some of the “Gaps” identified included inadequate substance abuse and mental health services, a lack of service integration and referrals, an absence of quality prevention training on *all* levels and poor client advocacy.

- As a result of this exercise, the Los Angeles, California ULC team began a program to reach incarcerated women in Los Angeles County jails (See the Promising Practice submitted by Los Angeles for this conference). The Philadelphia, Pennsylvania ULC team began targeting some of their prevention efforts on a working class neighborhood that emerged as a needed area of focus that had previously been overlooked. In other cities, key partnerships were forged and/or strengthened, including partnerships with hospitals and neighborhood clinics.

- Currently, five of the original ULC cities teams are continuing their work with City**M**at**CH** in this area in a new collaborative entitled, “The City**M**at**CH** Perinatal HIV Urban Prevention Collaborative” (UPC). These five teams report significant progress in their work on reaching the hardest to reach women and some have submitted Promising Practices on the topic area for this conference.

- A working paper entitled, “Within Reach: Preventing Perinatal Transmission of HIV” was also developed through City**M**at**CH** as a result of the ULC’s work in this area. Multiple members of the ULC have participated in the development and editing of this working paper on hardest to reach populations.

- Overall, the MAPS 6 exercise was received quite positively, with all participants indicating that they either agreed or strongly agreed with the statement, “MAPS 6 was relevant and will be a useful tool in our work.”

Conclusions

Leadership and action teams from the hardest hit cities that utilized this standard method of planning were able to systematically identify hardest to reach populations, recognize some of the barriers to care these populations face, and develop strategies to overcome barriers not currently addressed within their cities. This exercise demonstrated that the MAPS tool is an effective mechanism for diverse partnerships within a community to reach consensus on strategic action.